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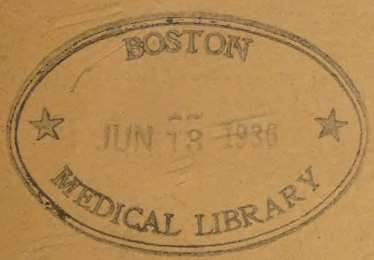

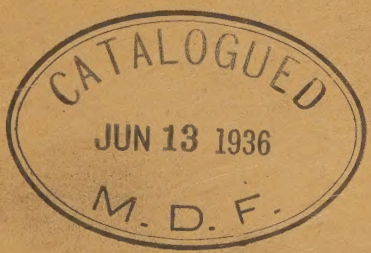

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The Ohio Public Health Journal

Vol. X. AUGUST, 1919. No. 8

EDITORIALS

Department's Offices Moved Down Town

Arrangements have been completed for the removal of the offices of the State Department of Health from the Ohio State University campus to the Clinton Building, 8 East Chestnut Street. The new offices comprise the entire fifth floor of the Clinton Building, which stands at the northeast corner of High and Chestnut Streets. They are only two squares south of the Union Station, making the situation convenient for the transaction of business with out-of-town visitors, and are in the downtown business district of Columbus.

The laboratories of the Department will continue in their building on the University campus, but the Division of Industrial Hygiene and the Bureau of Venereal Diseases, which have had their quarters in the Laboratory Building, have been assigned to places in the new downtown offices.

Health officials and other persons having business to be transacted with the State Department of Health are requested to make note of this removal, and especially of the fact that mail matter for the Division of Laboratories will get more prompt service if addressed "Division of Laboratories, State Department of Health, Ohio State University Campus, Columbus." If addressed simply to the Department, mail must first be handled in the main offices and then be transferred to the Laboratories.

* * *

Appropriation Provides Means for Fighting Trachoma

The menace of trachoma has been observed with anxiety by public health officials in Ohio for several years. Sporadic efforts to check the spread of this infectious eye disease have been made in past years.

By recent action of the General Assembly, however, the State Department of Health has been provided with funds to support an extended

campaign against trachoma. The work will be done in co-operation with the United States Public Health Service and local health authorities of the State. The tentative program calls for a series of intensive local campaigns in individual counties, rather than a general effort in all sections at once. Clinics will be established, school children will be examined and treated if necessary and educational measures will be undertaken.

Scioto County, where recent studies have demonstrated the prevalence of trachoma among school children and other residents, has been selected as the point for the beginning of operations. The work there will be observed with much interest. Other Ohio River counties should watch it closely.

* * *

The High Cost of Smallpox Continues in Our Midst

Statistics for recent months show that Ohio is continuing among the states of highest smallpox prevalence. This condition has existed in the State for two years and should be a source of shame to every citizen. Some diseases may be classed among misfortunes, but this is not true of smallpox. A community has smallpox because individuals refuse to take the simple precaution of vaccination. Thorough vaccination of a community immediately wipes out the likelihood of a smallpox outbreak in that locality.

Smallpox in recent years has been of a mild type, causing few deaths. This fact, perhaps, accounts in part for the indifference of the public toward it. Numerous communities, however, have been awakened to an appreciation of the results of their carelessness by the occurrence of a death. The mild type of smallpox may at any time lead to the most virulent type of the disease. When this occurs some one pays the price for community carelessness.

In addition to causing much needless suffering and frequent deaths, smallpox hurts business. This fact is recognized everywhere. We see the indications of this recognition frequently when a town seeks to minimize a smallpox epidemic and to keep cases secret. But, strange to say, this recognition of the economic damage done by the disease seldom results in a general public demand for vaccination. On the contrary, an effort by health authorities to enforce vaccination often encounters opposition. People refuse to let the health officer protect them against a danger the seriousness of which they recognize.

It is the public, and not the health officer, that suffers in such a situation. To be consistent, a town which opposes vaccination ought to object to the maintenance of a police force and ought to rise up in wrath when the bank installs a new vault to guard its money.

What the Coshocton Survey Means to Other Cities

The summary of the findings and recommendations in the health survey of Coshocton published in this magazine is not of purely local interest. Many of the statements made apply to other communities as well as to Coshocton and for that reason they may be studied with profit in other cities of the State.

Happily, many of the most glaring deficiencies of the present system, as found to exist in Coshocton, are to be remedied by the installation of the Hughes Act system with the opening of the new year. The question, however, does not become an academic one because of that fact: with the Hughes Act in operation, residents of Ohio's many local communities can continue with profit to study their local health conditions and compare them with high standards. In fact, they must do so if the maximum results of the health protective system are to be obtained. Even the Hughes Act system, progressive as it is, can not lead public opinion by a very great interval. The law came into being only when public sentiment in the State had been educated to an understanding of our public health conditions, and the system it creates will be fully developed in any district only when the population of that district fully appreciates the need and firmly demands public health improvement.

The State's many Coshoctons are to get better protection under the Hughes Act, but they will get the best protection only when their citizens demand it and express their willingness to pay for it.

* * *

Money Thrown Away on Typhoid Fever

Ohio threw away $50,000 in July on typhoid fever, perhaps the most readily preventable of all diseases. This estimate is based on a probable total of 400 cases of typhoid in July. The case reports sent in by physicians number 266, but these are admittedly incomplete.

These 400 cases represent a wage loss of probably $75 each, or $30,000, as each patient was ill about four weeks. This loss was borne either by the patient, whose wages stopped during his sickness, or by his employer, who continued to pay out wages for services which he did not receive. The expense for medical and nursing care would average $50 per case, or $20,000 more.

In addition to this unnecessary outlay in cash, society suffered a heavy loss through typhoid deaths, numbering probably forty in the state. Estimates vary as to the value of a human life to society, but considering that the average typhoid victim dies in the prime of life, when he

could be expected to give twenty-five more years of service to the community, it is reasonable to place this figure at $5,000 per life, or $20,000 for the State in July.

Practically all this loss could have been prevented if every community in Ohio had paid proper attention to sanitation. The expenditure of much less money than was lost would practically have wiped out the loss.

* * *

Local Health Service Often Poorly Balanced

It is a long-recognized fact that dependence upon voluntary organizations for conduct of public health activities inevitably results in a poorly balanced, incomplete system of health protection. In other words, however commendable an organization's work may be, it is ordinarily aimed at the eradication of only one or two health menaces, instead of all. For example, we have child welfare leagues, social hygiene societies, anti-tuberculosis societies, all of them carrying on works of vital importance to the community and all of them deserving of the highest commendation for shouldering burdens which the community itself should properly bear. A concrete illustration of the resulting situation is given in a summary of information recently collected by the Illinois State Department of Public Health:

> In one Illinois city it is found that the entire interest of the community is centered in child welfare work, which is carried out by a social organization of which one of the more prominent women is the dominating spirit. Other health activities are practically ignored. In another Illinois city, child welfare work is given little if any attention, while a strong tuberculosis association operates an active dispensary and visiting nurse service. And yet in another populous community, almost the only activity receiving public attention is a clinic for the treatment of venereal disease, which was established a short time ago through the activities of the division of social hygiene of the State Department of Public Health. This list might be prolonged indefinitely, indicating a seriously unbalanced work in the extra-governmental health machinery of the State. For the most part, this condition is due to the fact that in each of these communities here is one strong far-seeing individual who has taken up one or another phase of public health as his or her own individual hobby.

Many communities in Ohio present a similar state of affairs. The logical solution is not to restrict the activities of volunteer organizations, but to co-ordinate these bodies under an official health agency, which will formulate a broad, well-balanced program of public health work and carry it out with the aid, wherever possible, of the organizations. This is the procedure which should be followed by the new district health departments of Ohio, which will begin operations January 1. In

this way, the maximum results can be obtained without unnecessary duplication of work and without depriving the communities of the benefits which they are already enjoying at the hands of the unofficial agencies. It is safe to assume that in Ohio, as is said of the situation in Illinois, no individual health service in any community is over-developed.

* * *

A State Must Learn to Know Itself

"Health Promotion Week" was observed in Illinois in May. We have not seen a report of what was accomplished, but without a report we are willing to make the statement that a week devoted to the consideration of methods of improving public health standards must have been of tremendous practical value to the state.

The same statement would be true in any other state. In Ohio, for example, where preventable diseases, conservative estimates indicate, cost $142,000,000 in 1917, wouldn't the actual money saving which could be accomplished justify such an expenditure of time?

Carelessness in regard to disease conditions is largely due to lack of information. It has been observed many times that a community which has gone on in blissful ignorance for years, has had a sharp awakening when confronted by cold figures showing that, although it had believed itself in the best of health, it had really been suffering severely from disease.

Indeed, some such awakening as this is what has happened to the entire State of Ohio in the past year. The State saw that what it thought was machinery for protection against disease afforded, in reality, little protection. And it set about, by the passage of the Hughes Act, to repair its defenses.

Numerous local communities in the State, however, have not fully awakened as yet to the facts of the situation. It is in them that the missionary work of the next few years must be done. Once a community recognizes the danger which confronts it, it can in general be expected to protect itself. But the health officer must strive earnestly to bring backward communities to a knowledge of the truth.

Coshocton Health Survey Report

RECOMMENDATIONS for the improvement of public health conditions in Coshocton, following a public health survey carried out in that city in May by the State Department of Health, were as follows (classified according to the agency or organization to which it is believed they should be directed):

General Public

Demand adequate public health administration, support the proposals to expand that service and abide by the laws, rules and regulations adopted.

Council

Revise and publish the revision of the city code at an early date, making provision for an extra number of reprints of the health code for general distribution among public leaders.

Inaugurate rubbish collection and disposal as a municipal activity and transfer garbage collection and disposal to the service department.

Make arrangements for routine sanitary inspection to be performed by the police department, with report of violation to the health department.

Make provision for the installation of meters on water service taps.

Provide for the treatment of sewage, in order safely to modify it before final discharge into the river.

Board of Education

Expand the seating capacity of the school system to eliminate overcrowding.

Establish medical inspection in the schools.

Include the study of sanitation, hygiene and public health in the school program.

Service Department

Clean streets more frequently, replacing dry mechanical sweeping with flushing.

Flush sidewalks as well as streets in business district.

Engineering Department.

Co-operate with the health department in a detailed survey of certain sanitary facilities of the city, making record of the number and location of wells, privies and taps to sanitary sewers.

Co-operate with the health department in making regular inspections of the source, wells and equipment contributing to the city water supply, for the purpose of detecting contamination factors.

Locate misuse of the sewers and cause discontinuance of practice.

Locate dual connections of city and industrial water supplies and have them abolished unless absolutely essential to the safe conduct of business.

Registrar of Vital Statistics

Require complete registration of births.

Health Department

Institute a close supervision of the milk supply at once, enforcing orders now on books, passing necessary new orders, keeping records required by the statutes and inspecting dairies and distributing stations.

Co-operate actively in the reorganization and extension of public health activities under the Hughes Act.

Make orders relating to the quarantine of communicable diseases specific and mandatory.

Enforce Section 259, local code, relative to housing.

Arrange for frequent and regular bacterial examination of the public water supply.

Require the reporting of diseases in accordance with State law and local regulation.

Voluntary Organizations.

Co-operate in the inauguration and pursuit of a general educational campaign on public health in general and the Hughes Act in particular, in order that the future health administration of Coshocton may be established on a sound basis.

"A general appraisement of the public health and the factors affecting that feature of the com-

munity life in Coshocton would state that Coshocton is about of the existing average of communities of its class," says the report of the survey in summarizing the findings. "The considerations leading to this statement are a high infant mortality rate, balanced by a favorable general and communicable disease death rate, and generally good municipal sanitation, offset by poor public health administration.

"It is to be remembered that observations based on vital statistics are general, rather than exact, owing to the possible inaccuracy of rates based on population estimates at this time, the short-time period considered, the small population concerned and the unknown factors of population composition.

"Inadequate public health administration would be evident by the small amount expended for that purpose if nothing further were noted.

"The outstanding criticisms of the city to be offered, then, as a result of the field study, are: (1) Almost total lack of the present-day conception of public health administration; (2) a high infant mortality rate; (3) absence of any effective supervision of the milk supply.

"It may occur to some to ask why, if the public health of Coshocton is average, any criticism should be offered. The simple answer is that criticisms of the same nature or degree may be ascribed to the average community and that, therefore, the average is a low standard. Further, with what may be described as the inherent advantages possessed by Coshoction, together with the principal elements of municipal sanitation, a safe water supply and sewage disposal, effective and utilized by a large part of the population over an extended period of years, Coshocton should have a much higher standing in public health. Inherent advantages in Coshocton are found principally in the fact that the population content is more homogeneous and of higher class composition, from a viewpoint of sanitation and hygiene, in having a higher proportion of native-born whites than the average community of its size. If the truth of the inference that native-born whites in this part of the country are more hygienic and demand better sanitation is admitted, then, if not above the average in public health, Coshocton must acknowledge that it is not living up to its class in this respect.

"This is not surprising when the lack of attention to public health administration is considered, and it may be stated with all sincerity that good fortune, with probably a combination of obscure factors, rather than any conscious effort in this direction, has rather favored Coshocton in recent years. Undue prevalence of infectious and epidemic diseases is, therefore, a potential reality in Coshocton at all times, when the present state of local public health administration is considered."

Any father or mother who has lost a child from communicable disease should make a pledge over the coffin of that child to enlist in a never-ending warfare against the unnecessary sacrifice of human life. Your neighbor's baby is just as dear to him as your baby could have been to you. — Illinois *Health News*.

The Nurse and the Campaign Against Cancer

(From *Campaign Notes*, published by the American Society for the Control of Cancer.)

AS soon as the American Society for the Control of Cancer was organized and entered upon its program of promoting the education of the public regarding the early recognition and treatment of malignant disease, it was realized that the nurse and particularly the public health nurse would prove an invaluable ally in this campaign. Accordingly the Society has from the beginning endeavored to secure the active cooperation of all nursing organizations, national, state and local of the leading training schools, and of individual nurses throughout the country. Early in the history of the movement the three great national organizations of nursing adopted resolutions which are printed below and many state and local associations have likewise manifested constant interest and willingness to help in every way possible.

The appeal of the Society to the nursing profession has been directed both to the provision of special instruction for pupil nurses and to the actual participation of graduate nurses in the dissemination of the elementary knowledge of cancer among lay people generally and particularly among women. Nurses who become familiar with cancer in their hospital experience are more likely to see the established and perhaps incurable cases of the disease. Only to a relatively slight extent has any special attempt been made in the past to teach nurses the first danger signals of the various forcs of this disease and to emphasize those abnormal conditions of chronic irritation, lumps, unhealed sores and lacerations which too often provide the seat for the beginning of cancer unless they are properly treated and removed. Therefore it has been a constant plea of the Society to schools of nursing that special lectures be arranged for and given by some member of the surgical staff of the hospital or other appropriate speaker to the end that every pupil nurse shall graduate with some conception of the early rather than the late symptoms of the disease and be thereby prepared to give intelligent and timely warning to lay people when any of these danger signals are brought to her attention.

Nurses and social service workers occupy a position of high strategic importance in the warfare against this, as against so many other diseases. Their daily concern is with matters of health, and many people, especially women, naturally seek their sympathy and advice about suspicious conditions even before they are willing to go to a doctor. Nowhere has the power of the nurse in this respect been more clearly stated than by the English surgeon, Dr. Charles P. Childe, whose book for laymen entitled "The Control of a Scourge," is one of the most forceful arguments for the education of the public regarding cancer that has ever been published. It would be well if every nurse could read this inspiring book which is published in the United States by E. P. Dut-

ton & Company, New York. An extract from Chapter II, in which Dr. Childe appeals for the special cooperation and instruction of nurses is printed below.

In devoting this issue of Campaign Notes entirely to a renewed appeal to the nurses of this country, we would again urge them each and all to acquaint themselves with the very few facts which they need to know well in order effectively to discharge their peculiar obligation to aid in the earlier diagnosis and treatment, and even prevention of cancer. An increasing number of pamphlets published by the United States Public Health Service, by state and local health departments, by the American Medical Association, and by the American Society for the Control of Cancer, are available for the information of nurses themselves and for their constant assistance in imparting knowledge to the public.

Why Nurses Should Know About Cancer

In his book entitled "The Control of a Scourge," Dr. Charles P. Childe, a surgeon of Portsmouth, England, urges the need of a campaign of public education for the prevention of cancer and appeals particularly for the special instruction of medical students, nurses, midwives, and social workers, as well as for special articles in newspapers. Dr. Childe frankly remarks that he has more than once seen nurses themselves apply for the first time to the surgeon with cancer in an advanced stage, from which he fears they may be just as ignorant in this matter as other people. Accordingly he urges in the following words that arrangements be made for the special instruction of nurses:

"We should begin our training by the instruction of medical and surgical nurses. All nurses are required, previous to obtaining their qualification to practise, to attend courses of lectures, and to pass examinations on various subjects in connection with their profession. Cancer is not one of them. It should be. Instruction in the early signs of cancer, in the doctrine of its curability, in the duty to urge patients without delay to seek skilled advice, should form part of the curriculum of every nurse. People, and especially women, will often mention an early sign to a nurse, while they would hesitate from various motives to consult a medical man. A woman will frequently mention to a nurse a lump in her breast, an irregular bleeding. The nurse should know at once the importance of it, what it probably or possibly means. She should be in a position to urge her without a moment's delay to consult a medical man; to see that she goes; to tell her the disease is probably or possibly cancer, however well she feels, and though she is suffering no pain; to tell her that, if she does not delay, it is curable. As too frequently happens now the patient is told: "Perhaps the lump will disperse," or "It is probably only the change of life." Time is wasted; the opportunity goes; the life is lost. It is my contention that all nurses, as part of their education, should be required to know as much at least about cancer as is contained in the pages of this book. It should form part of every nurse's armamentarium before she is turned loose on the public. It is not much, only a few simple facts, the significance of which, however, cannot be over estimated. With the posses-

(*Concluded on page* 321.)

The Negro Health Problem*

By Wm. H. Peters, M. D., Health Officer of Cincinnati.

OVER one-half of Cincinnati's negro population, estimated at 29,551, lives in three downtown congested wards. Those of us who are familiar with conditions under which the negro lives, know that he is the victim of causes which have lowered his resistance to disease and decreased his efficiency. Among the most important may be mentioned poverty, ignorance, bad housing, poor food, race prejudice, lack of opportunity and dissipation.

Going over the vital statistics for the years of 1917 and 1918, we see most of these causes reflected in the mortality tables. The statistics likewise furnish excellent data which should be very helpful in establishing a definite public health program. We find:

1. That Cincinnati's white death rate was 15.5 per 1000 in 1917, while the colored rate was 29.5, or almost double. In 1918 the white rate was 19.9 and the colored rate was 34.5. Mr. Jas. H. Robinson, executive secretary of the Negro Civic Welfare Committee, reports that the negro death rate for the city has fluctuated between 28.0 and 34.5 during the past twenty years and all ratios have been fairly constant.

2. Over three times as many colored people died of tuberculosis per 1000 population.

3. The colored syphilis rate was more than five times that of the whites.

4. Over three times as many of them per 1000 population died of pneumonia.

5. Where one white child died before birth, three colored children, in proportion to the population, met the same fate.

6. Of the colored children born alive, almost three times as many of them, per 1000 births recorded, perish during the first year of life.

7. Over twice as many children under two, in proportion to the population, die of gastro-enteritis.

8. The excess in the colored deaths of preventable causes is responsible for more than one point in the general death rate of the city.

Accepting the estimate of the Committee of One Hundred on Conservation as correct, Cincinnati's economic loss from preventable diseases among colored people is approximately $2,000,000 per annum.

While these figures are appalling, they need not deter us. On the contrary, they should give us new impetus. Cincinnati is on the threshold of a new era, and with the development of a big city program will come bigger opportunity for the negroes, opportunity for better jobs, better living conditions, and better health. Never in our history have we been in a better position to help the colored man. With the Medical Department of the Cincinnati University, the Cincinnati General Hospital, the Health Department and all re-

* Read at a special meeting of the Cincinnati Board of Health June 27, as the opening paper of a symposium on "The Negro Health Problem."

lated health agencies working together, it should not take us long to mobilize our forces for a strong offensive.

Having gone over our ground very carefully, we feel that a Community Health Center downtown, preferably near the center of the colored population, will help very materially in bringing about the "irreducible minimum." A simple structure, similar to the Sinton Park Community Center, would serve our purpose. Under one roof, among other things, we should like to see these various activities: a tuberculosis clinic and dispensary, an obstetric clinic, a dental clinic, a division of child hygiene, general medical and surgical clinics, a bureau of venereal diseases, a narcotic relief station, a bureau of public health nursing, and a social service department. Mr. Samuel Hannaford has been good enough to prepare a rough sketch and estimate, not especially as a plan for adoption but as an inspiration.

May we not look to the State for an allotment out of the Federal appropriations, which will enable us to establish another and much needed bureau of venereal diseases and night clinic similar to the one over in the Blymer building?

A tuberculosis clinic and dispensary, to be operated conjointly by the Anti-Tuberculosis League and the Health Department until the city is able to take over the whole movement, is our hope for the present.

The dental clinic is assured, the Oral Hygiene Committee of the Cincinnati Dental Society co-operating with the Health Department.

The Health Department will need no assistance in financing the narcotic relief station and the division of child hygiene. Through the bureau of public health nursing, we shall be able to render prenatal service to the expectant mother and to keep all children of pre-school age under observation. It will be a simple matter to make transcripts of birth certificates so that the nurse may institute immediate follow-up.

We are all agreed that the Harrison anti-narcotic law has been the most potent factor in reducing narcotism, but unfortunately it makes no provision for the drug addict,—hence the relief station, and Cincinnati will be one of the few cities providing such relief.

The medical and surgical clinics should be under the supervision of the out-patient dispensary of the Cincinnati General Hospital. We are pleased to know that the general scheme and movement appeals to the executive committee of the faculty, and we hope that they can work out some plan in the fall which will make the general clinics a part of the out-patient department, with an arrangement which will permit the colored physicians to serve as clinicians, under the supervision of the regular department heads.

It is rather unfortunate for the physician, for the patient, and for the community that the colored physician does not have clinical opportunity to acquire more knowledge and skill to deal with medical problems in the solution of which he is the chief factor. All things being equal, the colored patient will choose a colored physician, especially if he knows that the colored physician measures up with the average white physician.

That improper diagnosis is a problem and that this is a source

of error in the colored vital statistics, is suggested by the distribution of influenza in October, November and December, 1918. The negro death rate from this cause was not excessive, but among the whites the greatest incidence was between the ages of 20 and 40; among the colored, the greatest incidence was among babies.

We have prepared a budget which is ample for a modest beginning. Much of the money is already pledged by existing agencies. What we lack must come from generous sources. Our greatest shortcoming is that we are without a community house. The city is not in a position to build or finance a desirable place and it is contrary to our policy to ask for contributions. Maybe, by some kind dispensation, a structure for a community health center will be forthcoming.

And while these good things come to pass, we see the building commissioner, the chief housing inspector and the Cincinnati Better Housing League striking vigorously at the root of the tree. Damp houses, houses without proper toilet and bathing facilities, dark rooms and hallways, lack of yard space, slum conditions, complete the chain of horrors listed above and constitute a group of predisposing causes which must be reckoned with in the solution of the negro health problem.

But we don't want to go to the extreme and charge everything to bad housing. Model tenements and houses, while assisting in solving the problem, do not solve the problem of securing model tenants. Cooperation between landlord and tenant will flourish with the extension of the Better Housing League's visiting housekeeper work and the Health Department's campaign of tenant education.

In conclusion, ladies and gentlemen, let us not forget that the negro is an American citizen and the demands for citizenship today are the same for all. Duty and right are correlative. The negro cannot measure up to expectancy if he is not in good health. He needs our sympathy, encouragement and cooperation and, because of the pathological conditions of his group, special treatment. And those of us who are not inclined to be so generous, should remember that he is living with us, that the bond of contact is close, that he transmits his diseases to us, and that every dollar spent for his welfare is a dollar spent for the health and protection of the white man.

The negro health problem is one of the big pressing problems of the day. It is not purely local. The local situation, however, is acute on account of abnormal migration during the war. We can't ignore the call. And in answer to the question put by our good friend, Dr. Landis, several years ago, I want to echo the response, — surely the dominant race in this city will have the desire and wisdom of solving the negro health problem.

The Nurse and the Campaign against Cancer.

(*Concluded from page* 318.)

sion of such knowledge, she would be equipped to take her place in the crusade against cancer, to act as a scout in the medical army. She would be on the lookout for cancer, and should the opportunity arise, she would be in a position to render invaluable aid, possibly to save a life."

1917 Mortality Statistics Announced by United States Census Bureau

THE Census Bureau's annual compilation of mortality statistics for the death-registration area in continental United States, given out late in June, shows 1,068,932 deaths as having occurred in that area in 1917, representing a rate of 14.2 per 1,000 of population. Of these deaths, nearly one-third were due to three causes—heart diseases, pneumonia, and tuberculosis—and nearly another third resulted from the following nine causes: Bright's disease and nephritis, apoplexy, cancer, diarrhea and enteritis, arterial diseases, influenza, diabetes, diphtheria, and bronchitis. The death-registration area of the United States in 1917 comprised twenty-seven states, the District of Columbia, and forty-three cities in non-registration states, with a total estimated population of 75,000,000, or about seventy-three percent of the estimated population of the United States. (The territory of Hawaii has recently been added to the registration area, but the figures given in this summary relate only to continental United States.)

The deaths from heart diseases (organic diseases of the heart and endocarditis) numbered 115,337, or 153.2 per 100,000 population. The death rate from this cause shows a noticeable decrease as compared with 1916, when it was 159.4 per 100,000. There have been fluctuations from year to year, but in general there has been a marked increase since 1900, the earliest year for which the annual mortality statistics were published, when the rate for heart diseases was only 123.1 per 100,000.

Pneumonia (including bronchopneumonia) was responsible for 112,821 deaths, or 149.8 per 100,000. This rate, although much lower than that for 1900 (180.5) or for several succeeding years, is higher than that for any year during the period 1908-1916. The lowest recorded rate for pneumonia was 127 per 100,000 in 1914. The mortality from this disease has fluctuated considerably from year to year since 1900, the general tendency having been downward until 1914 and upward from 1914 to 1917.

Tuberculosis in its various forms caused 110,285 deaths, of which 97,047 were due to tuberculosis of the lungs. The death rate from all forms of tuberculosis was 146.4 per 100,000, and from tuberculosis of the lungs, 128.9. The rate from tuberculosis of all forms declined continuously from 200.7 per 100,000 in 1904 to 141.6 per 100,000 in 1916, the decrease amounting to nearly 30 percent; but for 1917 an increase is shown. Until 1912 more deaths were due to tuberculosis than to any other single cause, but in that year and during the period 1914-1917 the mortality from tuberculosis was less than that from heart diseases, and in 1917 it fell below that from pneumonia also.

Bright's disease and acute nephritis caused 80,912 deaths, or 107.4 per 100,000. The mortality rate from these diseases has increased from 89 per 100,000 in 1900, with

Summary of 1917 Death Statistics for Registration Area In Continental United States

Cause.	*Number of Deaths.*	*Rate per 100,000 Population.*	*Percent of Total.*
All causes	1,068,932	1419.4	100.0
Organic diseases of the heart	115,337	153.2	10.8
Pneumonia (all forms)	112,821	149.8	10.5
Tuberculosis (all forms)	110,285	146.4	10.3
External causes	81,953	108.8	7.7
Acute nephritis and Bright's disease	80,912	107.4	7.6
Cerebral hemorrhage (apoplexy)	62,431	82.9	5.9
Cancer	61,452	81.6	5.8
Diarrhea and enteritis	59,504	79.0	5.6
Congenital debility and malformations	56,973	75.7	5.3
Arterial diseases — atheroma, aneurism, etc.	19,055	25.3	1.8
Influenza	12,974	17.2	1.2
Diabetes	12,750	16.9	1.2
Diphtheria	12,453	16.5	1.1
Bronchitis	12,311	16.3	1.1
Measles	10,745	14.3	1.0
Typhoid fever	10,113	13.4	0.9
Appendicitis and typhlitis	9,429	12.5	0.9
Respiratory diseases other than pneumonia and bronchitis	9,238	12.3	0.9
Hernia and intestinal obstructions	8,677	11.5	0.8
Cirrhosis of the liver	8,569	11.4	0.8
Whooping cough	7,837	10.4	0.7
Puerperal affections other than puerperal septicemia	7,317	9.7	0.7
Meningitis	6,890	9.1	0.6
Puerperal septicemia	5,211	6.9	0.5
Rheumatism	4,456	5.9	0.4
Scarlet fever	3,141	4.2	0.3
Erysipelas	2,866	3.8	0.3
Malaria	2,387	3.2	0.2
All other defined causes	147,235	195.5	13.8
Unknown or ill-defined causes	13,610	18.1	1.3

some fluctuations from year to year, and since 1914 the increase has been continuous.

Apoplexy was the cause of 62,431 deaths, or 82.9 per 100,000. The rate from this disease increased gradually, with occasional slight declines, from 1900 to 1912, and since 1913 the increase has been continuous.

Cancer and other malignant tumors caused 61,452 deaths, of which number 23,413, or 38 per cent, resulted from cancer of the stomach and liver. The rate from cancer has risen from 63 per 100,000 in 1900 to 81.6 in 1917. The increase has not been continuous, there having been three years—1906, 1911, and 1917—which showed declines as compared with the years immediately preceding. The decrease in 1917 as compared with 1916, however, was very slight—from 81.8 to 81.6. It should be borne in mind that at least a part of the increase in the death rate from cancer may be apparent rather than real, being due to a greater degree of accuracy in diagnosis and to greater care on the part of physicians in making reports to registration officials.

Diarrhea and enteritis caused 59,504 deaths, or 79 per 100,000. The rate from this cause has fallen somewhat in recent years, having been 90.2 in 1913, and is much lower than the corresponding rate for 1900, which was 13.2. More than four-fifths of the total deaths charged to these causes in 1917 were of infants under two years of age.

Arterial diseases of various kinds—atheroma, aneurism, etc.—resulted in 19,055 deaths, or 25.3 per 100,000. The rate from these causes increased continuously from 6.1 in 1900 to 25.6 in 1912, since which year it has fluctuated somewhat without showing any pronounced change.

Influenza was responsible for 12,974 deaths, or 17.2 per 100,000. This rate is the highest shown for any epidemic disease in 1917, but is much lower than the corresponding one for the preceding year, 26.4 per 100,000. The influenza rate, which fluctuates greatly, was higher in 1901, when it stood at 32.2, than in any subsequent year prior to the occurrence of the recent epidemic.

Deaths from diabetes numbered 12,750, or 16.9 per 100,000. The rate from this disease, although slightly lower than in 1916, has risen almost continuously since 1900, when it was 9.7.

Next to that for influenza, the highest rate appearing for any epidemic disease in 1917 was for diphtheria, 16.5 per 100,000, representing 12,453 deaths. The rate from this disease was somewhat higher in 1917 than in the preceding year, when it stood at 14.5 per 100,000.

Bronchitis caused 12,311 deaths, or 16.3 per 100,000. This rate is lower than that for any preceding year except 1916, when it was 16.2. The proportional decline from 1900, for which year the bronchitis rate was 45.7, to 1917, amounting to 64 per cent, was greater than that shown for any other important cause of death.

Typhoid fever resulted in 10,113 deaths, or 13.4 per 100,000. The mortality rate from this cause also has shown a remarkable reduction since 1900, when it was 35.9, the proportional decrease amounting to 63 per cent. This highly gratifying decline demonstrates in a striking manner the efficacy of improved sanitation and of the modern method of prevention—the use of the anti-typhoid vaccine.

Measles, whooping cough and scarlet fever were together responsible for 21,723 deaths of both adults and children, or 28.8 per 100,000. The rates for the three diseases separately were 14.3, 10.4, and 4.2, respectively, as compared with 11.1, 10.2, and 3.3 in 1916. As in 1913 and 1916, the deaths due to measles outnumbered those resulting from either of the other diseases, but in 1914 and 1915 whooping cough caused the greatest mortality. In every year since and including 1910, as well as in several preceding years, measles has caused a greater number of deaths than scarlet fever.

Deaths due to external causes of all kinds — accidental, suicidal, and homicidal — numbered 81,953 in 1917, corresponding to a rate of 108.8 per 100,000 population. The greatest number of deaths charged to any one accidental cause — 11,-

(*Concluded on page* 332.)

NEWS OF THE DEPARTMENT

GLEANED FROM DIVISIONAL REPORTS FOR JULY

DIVISION OF COMMUNICABLE DISEASES

A menace to comfort always arouses more interest than does a menace to health; hence a strenuous outcry was raised when an abandoned school yard, in the village of Harrod, Allen County, was purchased and used as a feeding ground for about thirty head of hogs. The lot so used faced a public street and was close to several residences. The assistant epidemiologist, visiting Harrod on July 1, informed the health officer what measures he should take to abate the alleged nuisance, and then persuaded the owner of the lot to follow the directions of the health officer.

Smallpox is still endemic in Ohio, awaiting a favorable opportunity to become epidemic. A family in Dublin had been under quarantine for smallpox in June. The father was allowed to remain away from his home and so continue his work. This privilege did not cause him to show gratitude towards the health officer, for when he developed an eruption he refused to allow the health officer to see him. It was found that he had disregarded the health officer's instructions prior to contracting the disease, and so become exposed. No privilege of any kind should be allowed any contact of smallpox unless consent to immediate vaccination is secured. The epidemiologist gave this and other necessary information to the health officer during his visit of July 1.

The necessity of exercising health supervision of summer camps was shown when diphtheria developed in Camp Bailey, a camp operated by the Columbus Central Y. M. C. A. in Logan County. On July 5 three of the boys at this camp developed sore throats, and swabs were taken by a physician. Without awaiting laboratory confirmation, the physician released these boys on clinical grounds nor did he report them to the health officer having jurisdiction. On July 8, 12 and 13 the epidemiologist investigated conditions at this

camp. took cultures from all campers, and instituted proper quarantine. These measures sufficed to control the outbreak. Close supervision of such camps by competent health authorities is necessary to prevent the spread of disease.

On July 15 the assistant epidemiologist found insanitary conditions existing in Kil Kare Park, located in Greene County on the Little Miami River. Human excreta drops directly into the river from a toilet overhanging it. The toilets in the dance hall need repair as they do not flush properly. Drinking water is drawn from a well with a defective wooden platform through which contamination may enter. The need for very careful supervision of summer resorts is shown by this report.

Contaminated water supplies are especially common in the rural districts of Ohio. Two cisterns which were badly constructed and showed evidences of contamination, may have been the cause of the illness of a child in Hocking Township, Fairfield County. This was investigated by the assistant epidemiologist July 17. Analysis of water from these cisterns showed both to be unfit for domestic use.

The effect of overcrowding on the spread of disease has been conclusively demonstrated in military camps during the war. The Avondale Children's Home in Newton Township is overcrowded and when diphtheria was reported the assistant epidemiologist hastened to make an investigation, which was done on July 30. In this instance the disease did not spread beyond the first cases owing to the prompt action of the health authorities.

Reported Cases of Notifiable Diseases in July

PREVALENCE.—In order of greatest reported prevalence during the month of July, the notifiable diseases list as follows, with figures given for June:

	Diseases	Reported Cases July	June
1.	Measles	1,015	2,654
2.	Whooping cough	852	459
3.	Tuberculosis	588	587
4.	Diphtheria	305	338
5.	Typhoid fever	266	128
6.	Gonorrhea	257	296
7.	Scarlet fever	220	389
8.	Syphilis	198	207
9.	Mumps	157	259
10.	Smallpox	139	440
11.	Ophthalmia neonatorum	126	96
12.	Chickenpox	94	472

For no other one notifiable disease was a total of 50 or more cases reported during July. Of the total of 4,382 cases of notifiable diseases recorded to date of August 10, 3,387 cases, or 78 percent, were reported from the cities of the state.

MEASLES. — Although measles continues to head the list of notifiable diseases as to prevalence, the July total is only 40 percent of the total recorded for June — 1,015 and 2,654 cases respectively. The northern half of the State shows the greatest prevalence, as in May and June, Toledo reporting the largest number of cases, 378, halving June record of 702 cases.

SMALLPOX AND CHICKENPOX. — Marked decreases in reported cases have occurred during July with an increased number of instances of failure to diagnose smallpox and of reported cases of adults having chickenpox which investigation and subsequent reports proved were cases of smallpox. The counties

permitting the largest number of cases of smallpox according to reports during July follow: Mahoning 46, Cuyahoga 14, Lorain 12, Tuscarawas 9, Jefferson 8, Butler 7, and Marion 5, No other county reported five or more cases for the month.

TYPHOID FEVER. — Reports for July of this year are practically the same in number as for July, 1918 and 1917, 266, 263 and 211 respectively. In July of last year 38 deaths were caused by typhoid fever, which would indicate that only about seventy percent of cases were being reported. Health officers can not feel proud of such a record nor can physicians assert that they are complying with requirements for protecting the State from this easily preventable disease. The usual average of 100 deaths a month in the State for the next three months from this one disease can be expected with more than 3000 cases of sickness during the three months if reports are not submitted more promptly and more completely, and if immediate precautionary measures are not taken upon receipt of each report.

TABLE I. — REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, JULY, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, JULY, 1919, AND CASE RATES PER THOUSAND POPULATION, JULY, 1917-1919.

Notifiable Diseases	July, 1919.			July, 1918.	July, 1917.	July Case Rates per 1000 population		
	Cities.	Villages and Townships.	Total.			1919.	1918.	1917.
All Notifiable Diseases	3,402	980	4,382	6,236	4,435	.824	1.185	.852
Chickenpox	82	12	94	173	172	.018	.033	.033
Diphtheria	205	100	305	345	416	.057	.066	.080
Gonorrhea	251	6	257	729	66	.048	.138	.013
Influenza	2	34	36	*	*	.007	*	*
Measles	851	164	1,015	728	685	.190	.138	.131
Measles, German	.....	.....	.....	47	88	.000	.009	.017
Meningitis, cerebrospinal	3	3	6	20	34	.001	.004	.006
Mumps	34	123	157	291	137	.029	.055	.026
Ophthalmia neonatorum	122	4	126	116	137	.024	.022	.026
Pneumonia, acute lobar	24	7	31	81	69	.006	.015	.013
Pneumonia, broncho	1	6	7	*	*	.001	*	*
Poliomyelitis	3	3	6	31	50	.001	.006	.009
Scarlet fever	140	80	220	284	332	.041	.054	.064
Smallpox	91	48	139	432	351	.026	.082	.067
Syphilis	195	3	198	331	44	.037	.063	.008
Trachoma	10	2	12	20	33	.002	.004	.006
Tuberculosis, all forms	488	100	588	596	604	.110	.113	.116
Typhoid fever	128	138	266	263	211	.050	.049	.040
Whooping cough	724	128	852	1,689	964	.160	.321	.185
Other notifiable diseases	48	19	67	60	42	.013	.011	.008

* Not reportable.

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATE PER 1,000 POPULATION, OHIO CITIES, JULY, 1919.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, all forms.	Typhoid Fever.	Whooping Cough.
Total	.883	2,675	202	870	3	24	3	140	91	489	129	724
Akron	2.519	229	8	16	....	....	....	7	....	37	13	148
Alliance	.336	7	.....	3	....	....	....	2	....	1	1	....
Ashtabula	.428	4	1	.....	....	....	....	1	....	2	....	....
Athens	.133	1	.....	.....	....	....	....	1	....	....	....	....
Barberton	.497	7	2	.....	....	....	....	2	....	....	....	3
Bellaire	.252	4	1	.....	....	....	....	....	....	1	2	....
Bellefontaine	.515	5	.....	2	....	....	....	....	1	2	....	....
Bellevue	.480	3	.....	1	....	....	....	1	....	1	....	....
Bucyrus	.832	8	1	.....	....	....	1	3	1	1	1	....
Cambridge	.490	7	1	.....	....	1	....	....	....	1	4	....
Canton	.098	7	.....	.....	....	....	....	....	....	6	1	....
Chillicothe	.567	9	.....	.....	....	....	....	4	....	1	4	....
Cincinnati	.634	367	25	137	....	....	....	38	3	128	6	30
Circleville	.148	1	.....	.....	....	....	....	....	....	1	....	....
Cleveland	.505	505	100	127	3	16	1	18	14	109	12	105
Columbus	.288	72	7	24	....	....	....	5	....	28	8	....
Conneaut	.318	3	1	.....	....	....	....	....	....	1	1	....
Dayton	.574	82	9	23	....	5	....	4	....	25	7	9
Defiance	.408	3	.....	1	....	....	....	....	....	2	....	....
Delphos	.360	2	.....	1	....	....	....	....	....	1	....	....
East Cleveland	1.452	22	1	1	....	....	....	3	....	....	....	17
East Liverpool	.041	1	.....	1	....	....	....	....	....	....	....	....
Elyria	1.764	36	3	25	....	....	....	1	4	1	2	....
Findlay	.737	11	.....	11	....	....	....	....	....	....	....	....
Fostoria	.264	3	.....	2	....	....	....	....	....	....	1	....
Fremont	.396	4	.....	3	....	....	....	....	....	....	1	....
Galion	.417	3	3	.....	....	....	....	....	....	....	....	....
Hamilton	.154	7	.....	.....	....	....	....	2	4	1	....	....
Ironton	.140	2	.....	.....	....	....	....	....	....	....	2	....
Jackson	1.248	8	8	.....	....	....	....	....	....	....	....	....
Kenton	.133	1	.....	.....	....	....	....	....	....	1	....	....
Lancaster	.118	2	.....	.....	....	....	....	....	....	1	1	....
Lima	.870	29	4	16	....	1	....	1	....	3	4	....
Lorain	.192	8	2	2	....	....	....	1	....	3	....	....
Mansfield	.672	16	2	3	....	....	....	1	....	4	1	5
Marietta	.616	8	.....	.....	....	....	....	....	....	....	8	....
Marion	.164	4	.....	.....	....	....	....	....	....	4	....	....
Massillon	.108	27	5	21	....	....	....	....	....	....	1	....
Middletown	.780	13	.....	.....	....	....	....	4	3	5	....	1
Mt. Vernon	.088	1	.....	1	....	....	....	....	....	....	....	....
Nelsonville	.450	3	.....	2	....	....	1	....	....	....	....	....
New Philadelphia	.279	3	.....	.....	....	....	....	2	....	....	1	....
Newark	.248	8	.....	.....	....	....	....	2	....	3	3	....
Niles	.826	7	.....	5	....	....	....	....	....	....	2	....
Norwalk	1.392	12	1	9	....	....	....	....	....	....	2	....
Norwood	.280	7	.....	2	....	....	....	1	....	4	....	....
Piqua	.340	5	1	.....	....	....	....	....	....	4	....	....
Portsmouth	.560	16	1	.....	....	....	....	1	3	6	5	....

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATE PER 1,000 POPULATION, OHIO CITIES, JULY, 1919—Concluded.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, all forms.	Typhoid Fever.	Whooping Cough.
St. Marys	.328	2	.....	.....	....	....	....	2	....	....	....	....
Salem	3.332	34	.....	10	....	....	....	....	....	....	2	22
Sandusky	.441	9	1	7	....	....	....	....	....	1	....	....
Sidney	.536	4	.....	.....	....	....	....	....	....	3	1	....
Springfield	.810	45	.....	5	....	1	....	....	1	14	4	20
Steubenville	.363	11	.....	.....	....	....	....	....	5	5	1	....
Tiffin	.780	10	1	5	....	....	....	....	1	2	1	....
Toledo	3.995	799	6	378	....	....	....	25	2	44	6	338
Troy	.314	2	.....	.....	....	....	....	....	....	1	1	....
Urbana	.232	2	.....	.....	....	....	....	....	....	2	....	....
Van Wert	.254	2	.....	1	....	....	....	....	....	1	....	....
Wapakoneta	.298	2	.....	.....	....	....	....	....	....	2	....	....
Warren	2.294	31	3	12	....	....	....	1	....	3	12	....
Washington C. H.	.460	4	.....	.....	....	....	....	....	3	1	....	....
Wellston	.145	1	.....	.....	....	....	....	1	....	....	....	....
Wellsville	.540	5	.....	.....	....	....	....	....	....	2	3	....
Wooster	.322	2	.....	.....	....	....	....	....	....	1	1	....
Xenia	.460	4	.....	.....	....	....	....	....	....	3	1	....
Youngstown	.972	108	4	13	....	....	....	6	46	12	1	26
Zanesville	.155	5	.....	.....	....	....	....	....	....	4	1	....

NOTE.—Ashland, Bowling Green, Coshocton, Delaware, Dover, Gallipolis, Greenville, Martins Ferry, Painesville, Ravenna and St. Bernard reported no cases of the listed diseases in July.

DIVISION OF PUBLIC HEALTH EDUCATION AND TUBERCULOSIS

The proposal of the Commissioner of Health to establish a Division of Hygiene and transfer to it the personnel and functions of the present Division of Public Health Education and Tuberculosis, together with the existing organizations for venereal diseases and child hygiene and the new Bureau of Hospitals, was approved by the Public Health Council July 18.

A county fair health exhibit and demonstration was inaugurated by the Division in July and made its first stand at the Jackson County Fair, Wellston, July 22 and 25.

The report of the Coshocton public health survey was delivered at a meeting of the Community Council in Coshocton July 1, and a survey of Bucyrus was begun July 29.

Tuberculosis hospital admissions and discharges reported in June were as follows:

Institution	*Patients*	*Admissions*	*Discharges*
Ohio State San.	94	50	49
Butler Co. San.	5	1	4
Franklin Co. San	51	22	35
Lucas Co. Thc. Hosp.	50	29	29
Dayton Dist. Hosp.	12	7	6
Lima Dist. Hosp.	14	8	12
Springfield Dist. Hosp.	18	10	9
Springfield Lake San.	39	26	20
Mt. Logan San..	9	6	3
Rocky Glen San.	6	2	4
St. Anthony's Hosp.	7	5	5
Totals	305	166	176

The 42 notifications pending July 1 and the 342 received during July were disposed of as follows: Referred to local public health nurses 276, investigated by Division nurses 69, referred to health departments of other states 3, histories found unobtainable 11; total pending August 1, 25.

July activities in behalf of discharged tuberculous soldiers, with totals since the beginning of this work, are summarized as follows:

	July	*Total*
Ohio State San. 94	50	49
Notifications received	20	955
Cases reported to public health nurses	11	643
Reports received from public health nurses	10	387
Cases written directly	7	304
Replies received	1	72
Cases visited by Division nurses	1	290
Cases admitted to sanatoria	0	52
Cases not found	0	151
Cases not heard from	15	120

Changes in the local public nursing service of the State included the following:

Brown County.—Miss Mary E. Lewis appointed county nurse by the American Red Cross.

Allen County.—Miss Ida E. Nikel appointed county nurse by the Child Welfare Association.

Lake County.—Miss Marian Esther Markham appointed county nurse by the county commissioners.

Kent and Ravenna.—Miss Helen M. Green resigned as school nurse and was succeeded by Mrs. Eva Montigney.

Cases of inflammation of the eyes of the newborn reported in July numbered 102, classified: By color, white 97, colored 3, unknown 2; by sex, male 56, female 43, unknown 3; by source of report, reported by physicians 33, by midwives 28, by nurses 20, by institutions 20, by laymen 1.

DIVISION OF LABORATORIES

Laboratory examinations in July totaled 3,047, of which 2,725 were bacteriological and 322 were chemical. The bacteriological examinations are summarized as follows:

Diphtheria, pos. 40, neg. 279, sus. 5, no growth 11	335
Tuberculosis, pos. 139, neg. 269, sus. 1	409
Typhoid, pos. 40, neg. 119	159
Wassermann, pos. 471, neg. 956, unsat. 192	1,619
Gonorrhea, pos. 8, neg. 43, unsat. 1	52
Malaria, pos. 1, neg. 9	10
Rabies, pos. 7, neg. 10, unsat. 6	23
Water	89
Miscellaneous	29

Of the 1,619 Wassermann examinations, 897 were for private physicians, 406 for institutions and 316 for venereal disease clinics.

Outfits were distributed in the following quantities: Diphtheria 585, tuberculosis 681, typhoid 386, Wassermann 2,668, gonorrhea 104, inflammation of eyes none, malaria 51, feces none, miscellaneous 3, chemical water 9, bacteriological water 116, typhoid vaccine 330, ophthalmia 5,330; total 10,263.

The chemical samples examined included 84 foods and four drugs.

Reports on the foods were: satisfactory 24, adulterated 30 (including butter, cider, condensed milk, hamburger, lemonade, milk, olive oil, skim milk and vinegar), insufficient information 30. One of the drugs was satisfactory, one (in the miscellaneous classification) adulterated and on two the report was "insufficient information."

DIVISION OF INDUSTRIAL HYGIENE

Consulting services of the Division have included the following: Lead poisoning cases among potters at Steubenville; vital statistics of coal miners; medical education re industrial medicine; merits of industrial hygiene articles and editorial policies for the *American Journal of Public Health;* public health administration; arrangements for civil service examinations of district health supervisors; rural sanitation; liability of employer for trachoma in an employee; health effects of mercury vapor lamps; positions for applicants and applicants for positions.

Investigative work has included: A beginning inquiry into the cause of so-called "rubber poisoning". particularly dermatitis; study of the completeness of the industrial hygiene aspects of the Framingham Tuberculosis Demonstration with the view of continuing the work and perhaps giving its methods national application.

Publicity features have included: The distribution of 248 educational pamphlets and 62 report forms; preparation of material for new publications; and material supplied the National Safety Council for distribution to workers.

Occupational diseases reported to the Division were: Lead poisoning, 1 case (delayed report); anilin poisoning, 5 cases; "rubber dermatitis" (incomplete reports), 25 cases; tuberculosis among industrial workers, 248, these representing reports from a very small part of the State.

DIVISION OF SANITARY ENGINEERING

The city of Ashland, which has depended upon a well water supply for a number of years, has found it necessary to enlarge its water works system, and after careful study it has been found advisable to develop a surface water supply and install a filtration plant for its purification. The city has submitted plans for this improvement, which plans have been approved by the State Department of Health, and construction work is being undertaken. The improvements will include a modern filtration plant with a capacity of 1,500,000 gallons per day.

The Bucyrus Development Company, which owns and operates the public water supply system of Bucyrus, has made a study of the needs of its water supply system and has decided to provide a new storage reservoir to increase the available supply of water, and to install a new concrete clear well for the storage of filtered water. Plans for these improvements have been approved by the State Department of Health, and construction work is now undr way.

The village of Jewett has been provided with an unsatisfactory water supply system for a number

of years. In order to improve the fire protection facilities of the village and to provide a domestic supply of adequate quantity and suitable quality, the village has decided to install a complete new system. Plans for this improvement have been approved by the State Department of Health. Funds have been provided and construction work will be undertaken in the near future. The new supply will be obtained from drilled wells which furnish water of excellent character.

The absence of sanitary sewers in the village of Barnesville has for many years been the cause of local complaint and has contributed to the excessive summer typhoid fever rate in that community. Recently action has been sought by electors of the village who have submitted to the State Department of Health a complaint in accordance with Section 1249 G. C., petitioning for an investigation and the issuance of an order requiring the village to install a sewerage system. This investigation has been made by the Division of Sanitary Engineering.

BUREAU OF PUBLICITY

Twenty-one publicity stories were issued in July. Fourteen of these were issued through the *Weekly News Letter,* and attained a total circulation (incomplete) of 1,287,941.

Publications distributed in July numbered 57,369, of which a large proportion consisted of venereal disease literature. This total does not include the regular 8,000 edition of the OHIO PUBLIC HEALTH JOURNAL.

DIVISION OF PLUMBING

The Division made 60 inspections in July and collected fees amounting to $244.75. Twelve conferences were attended, eighteen investigations were made, one order was issued, three sets of plans were approved and 21 certificates of approval were issued.

1917 Mortality Statistics.

(*Concluded from page* 325.)

114, or 14.8 per 100,000 — is shown for falls. The rate for this cause varies but slightly from year to year. Next to falls, the greatest number of accidental deaths resulted from railroad accidents and injuries. Burns — excluding those received in conflagrations and in railroad, streetcar, and automobile accidents — were responsible for 6,830 deaths, or 9.1 per 100,000. Deaths from automobile accidents and injuries in 1917 totaled 6,724, or 8.9 per 100,000 population. This rate has risen rapidly from year to year, but not so rapidly as the rate of increase in the number of automobiles in use. The number of suicides reported for 1917 was 10,056, or 13.4 per 100,000. This rate is the lowest shown for any year since 1903.

Issue Health Bulletin

The Elyria Public Health Nurse Association has decided to issue a monthly bulletin to bring before the public news and advice in regard to health conditions in the city.

DISEASES NOTIFIABLE IN OHIO.

Report cases or suspected cases of the following diseases to the health officer having jurisdiction.

NOTIFIABLE INFECTIOUS DISEASES OF COMMON OCCURRENCE.

Chancroid.
Chickenpox.
Diphtheria and Membranous Croup.
Gonorrhea.
Influenza.
Measles.
Measles, German.
Meningitis, Epidemic Cerebrospinal.
Mumps.
Ophthalmia Neonatorum.
Pneumonia, Lobar.
Pneumonia, Broncho.
Poliomyelitis, acute infectious, (Infantile Paralysis).
Scarlet Fever.
Smallpox.
Syphilis.
Trachoma.
Tuberculosis, all forms, the organ or part affected to be specified.
Typhoid Fever.
Whooping Cough.

OTHER NOTIFIABLE INFECTIOUS DISEASES.

Actinomycosis.
Anthrax, human.
Cholera, Asiatic, (cholera nostras when Asiatic cholera is present or threatened).
Continued fever lasting seven days.
Dengue.
Dysentery:
a. Amebic.
b. Bacillary.
Favus.
Glanders, human.
Hookworm Disease.
Leprosy.
Malaria.
Paragonimiasis.
Paratyphoid Fever.
Plague.
Rabies, human.
Rocky Mountain spotted, or tick fever.
Septic sore throat.
Tetanus.
Trichinosis.
Typhus Fever.
Yellow Fever.

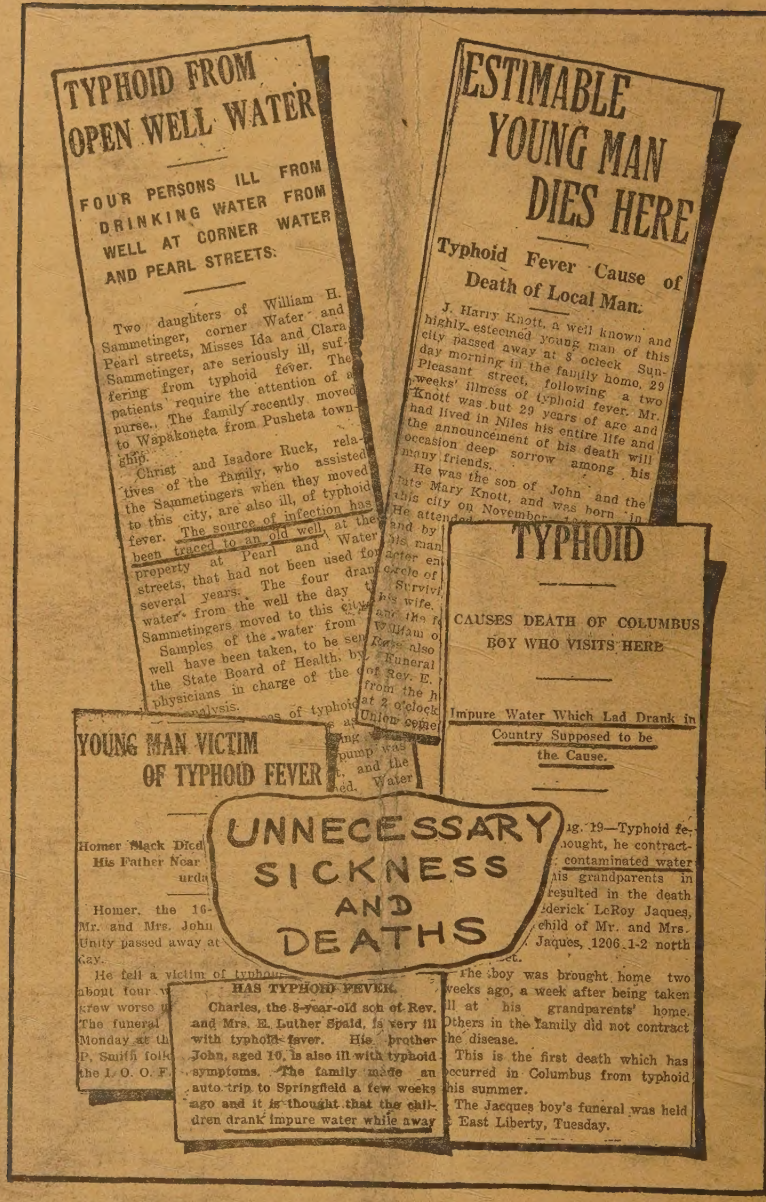
OCCUPATIONAL DISEASES AND DISABILITIES.

Anilin Poisoning.
Arsenic Poisoning.
Benzine (Gasoline) Poisoning.
Benzol Poisoning.
Bisulphide of Carbon Poisoning.
Brass Poisoning.
Carbon Monoxide Poisoning.
Compressed-air Illness.
Dinitrobenzine Poisoning.
Lead Poisoning.
Mercury Poisoning.
Naphtha Poisoning.
Natural Gas Poisoning.
Phosphorus Poisoning.
Turpentine Poisoning.
Wood Alcohol Poisoning.

Any other diseases or disability contracted as a result of the nature of the person's employment.

DISEASES OF UNKNOWN ORIGIN.

Cancer.
Pellagra.



TYPHOID FROM OPEN WELL WATER

FOUR PERSONS ILL FROM DRINKING WATER FROM WELL AT CORNER WATER AND PEARL STREETS.

Two daughters of William H. Sammetinger, corner Water and Pearl streets, Misses Ida and Clara Sammetinger, are seriously ill, suffering from typhoid fever. The patients require the attention of a nurse. The family recently moved to Wapakoneta from Pusheta township.

Christ and Isadore Ruck, relatives of the family, who assisted the Sammetingers when they moved to this city, are also ill, of typhoid fever. The source of infection has been traced to an old well, at the property at Pearl and Water streets, that had not been used for several years. The four drank water from the well the day the Sammetingers moved to this city. Samples of the water from the well have been taken, to be sent to the State Board of Health, by physicians in charge of the case, for analysis.

ESTIMABLE YOUNG MAN DIES HERE

Typhoid Fever Cause of Death of Local Man.

J. Harry Knott, a well known and highly esteemed young man of this city passed away at 8 o'clock Sunday morning in the family home, 29 Pleasant street, following a two weeks' illness of typhoid fever. Mr. Knott was but 29 years of age and had lived in Niles his entire life and the announcement of his death will occasion deep sorrow among his many friends.

He was the son of John and the late Mary Knott, and was born in this city on November [illegible]. He attended [illegible] and by [illegible] his man[illegible] after en[illegible] circle of [illegible] Survivi[illegible] his wife, [illegible] and the f[illegible] William o[illegible] Kobs also [illegible] Funeral [illegible] of Rev. E. [illegible] from the h[illegible] at 2 o'clock [illegible] Union cemet[illegible]

TYPHOID

CAUSES DEATH OF COLUMBUS BOY WHO VISITS HERE

Impure Water Which Lad Drank in Country Supposed to be the Cause.

[illegible]g. 19—Typhoid fe[illegible] bought, he contract[illegible] contaminated water [illegible] his grandparents in [illegible] resulted in the death [illegible]derick LeRoy Jaques, [illegible] child of Mr. and Mrs. [illegible] Jaques, 1206 1-2 north [illegible]et.

The boy was brought home two weeks ago, a week after being taken ill at his grandparents' home. Others in the family did not contract the disease.

This is the first death which has occurred in Columbus from typhoid this summer.

The Jacques boy's funeral was held East Liberty, Tuesday.

YOUNG MAN VICTIM OF TYPHOID FEVER

Homer Slack Died His Father Near [illegible]urda[illegible]

Homer, the 16-[illegible] Mr. and Mrs. John [illegible] Unity passed away at [illegible] Kay.

He fell a victim of typhoi[illegible] about four w[illegible] grew worse u[illegible] The funeral [illegible] Monday at th[illegible] P. Smith follo[illegible] the I. O. O. F.

UNNECESSARY SICKNESS AND DEATHS

HAS TYPHOID FEVER.

Charles, the 8-year-old son of Rev. and Mrs. E. Luther Spaid, is very ill with typhoid fever. His brother John, aged 10, is also ill with typhoid symptoms. The family made an auto trip to Springfield a few weeks ago and it is thought that the children drank impure water while away